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CONFIRMATION NO. 4051

<b>SERIAL NUMBER</b> 10/116,882	<b>FILING OR 371(c) DATE</b> 04/05/2002 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 10, 148
<b>APPLICANTS</b> Roger P. Jackson, North Kansas City, MO;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/176,708 10/21/1998 ABN * (*)Data provided by applicant is not consistent with PTO records. <i>AS 8110106</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>AS 8110106</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/16/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS</i>		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 27
Verified and Acknowledged Examiner's Signature <i>AS</i> Initials		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b> John C. McMahon PO Box 30069 Kansas City, MO64112				
<b>TITLE</b> SPINAL FUSION APPARATUS AND METHOD				
<b>FILING FEE RECEIVED</b> 943	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	